

12-18-01

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

(Bruce) Yiqun Wang et al.

Serial No.: Unknown

Examiner: Unknown

Filing Date: December 14, 2001

Group Art Unit: Unknown

For: CATHETER HAVING IMPROVED CURVE RETENTION AND METHOD OF  
MANUFACTURE

Docket No.: 1001.1465101

**TRANSMITTAL SHEET**

Box Patent Application

The Assistant Commissioner for Patents

Washington, D.C. 20231

Sir:

**CERTIFICATE UNDER 37 C.F.R. 1.10:** The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EL855120340US, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C., 20231 on this 14th day of December, 2001.

By Kathleen L. Boekley  
Kathleen L. Boekley

We are transmitting herewith the attached Patent Application including the following:

☒ TWENTY-THREE (23) sheet(s) of specification.

☒ TWENTY-ONE (21) claim(s).

☒ ONE (1) sheet(s) of Abstract.

☒ THREE (3) sheet(s) of informal drawings.

☒ Executed Declaration and Power of Attorney.

☐ A verified statement(s) to establish small entity status under 37 C.F.R. 1.9 and/or 1.27 is enclosed.

☒ An Assignment of the invention to SciMed Life Systems, Inc., is being filed contemporaneous with this patent application.

☐ A certified copy of a \_\_\_\_\_ application, serial no. \_\_\_\_\_, filed \_\_\_\_\_, 19\_\_\_\_, the right of priority of which is claimed under 35 U.S.C. §119.

11036 U.S. PTO  
10/020521  
12/14/01

CLAIMS AS FILED						
	(1)	(2)	SMALL ENTITY		OTHER	
FOR:	# FILED	# EXTRA	Rate	Fee	Rate	Fee
BASIC FEE	1	0		\$370		\$740
TOTAL CLAIMS	21-20 =	1	X9=	\$	X18=	\$18
INDEPENDENT CLAIMS	3-3 =	0	X42=	\$	X84=	\$0
( ) MULTIPLE DEPENDENT CLAIM PRESENTED			+140=	\$	+280=	\$0
TOTAL			\$		\$758	

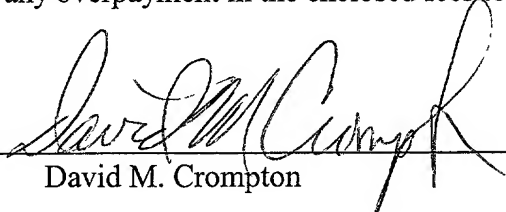
\*If the difference in Column (1) is less than zero, enter "0" in Column 2.

[ ] Other \_\_\_\_\_.

[ XX ] A check in the amount of \$758.00 is enclosed.

[XXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By:

  
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